(1) PLACE OF BIRTH

County of Abbeville

Township of Mount Zion

or

Inc. Town of

or

City of

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3503

Registration District No. 134 Registered No. 6
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margaret Catherine Lee (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH July 28 1923 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME George Lee

(9) PRESENT POSTOFFICE OF FATHER Cokesbury S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Mississippi

(13) OCCUPATION Machinist

(20) Number of children born to mother, including present birth 2 Living

**MOTHER.**

(14) NAME BEFORE MARRIAGE Maybe Emerson

(15) PRESENT POSTOFFICE OF MOTHER Cokesbury S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE S. Car.

(19) OCCUPATION None

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. N. Bowen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mount Zion S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3-4-23 19 .... (28) J. B. Boyce
Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.